

**ISSUE SLIP STAPLE AREA (for additional cross references)**

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	D.W.D.		07-25-01
O.I.P.E. CLASSIFIER	N.D.		8/1/01
FORMALITY REVIEW	H.T.	1117	9/05/01
RESPONSE FORMALITY REVIEW			

## **INDEX OF CLAIMS**

✓ .....	Rejected	N .....	Non-elected
= .....	Allowed	I .....	Interference
– (Through numeral)...	Canceled	A .....	Appeal
÷ .....	Restricted	O .....	Objected

Claim	Date						
Final	Original	10/21/03	5/26/03	6/23/03	6/23/03	6/23/03	9/23/03
2	✓	✓	✓	✓	✓	✓	✓
21	✓	✓	✓	✓	✓	✓	N
15	✓	✓	✓	✓	✓	✓	N
3	✓	=	F	=	✓	✓	N
1	✓	-	F	=	✓	✓	✓
		✓	N	✓	N		
23	7.	✓	✓	✓	✓	✓	N
22	8.	✓	✓	F	✓	✓	N
20	9.	✓	=	F	=	✓	N
14	10.	✓	=	F	=	✓	✓
		✓	N	✓	N		
24	12.	✓	-	F	=	✓	N
5	13.	✓	F	✓	✓	✓	N
25	14.	✓	F	✓	✓	✓	N
6	15.	✓	F	✓	✓	✓	N
26	16.	✓	F	✓	✓	✓	N
7	17.	✓	F	✓	✓	✓	N
27	18.	✓	F	✓	✓	✓	N
B	19.	✓	F	✓	✓	✓	N
28	20.	✓	F	✓	✓	✓	N
(3)		✓		✓	✓	✓	
(3)		✓		✓	✓	✓	
(3)		✓		✓	✓	✓	
24		✓		✓	✓	✓	
25		✓		✓	✓	✓	
26		✓		✓	✓	✓	
27		✓		✓	✓	✓	
28		✓		✓	✓	✓	
29		✓		✓	✓	✓	
30		✓		✓	✓	✓	
31		✓		✓	✓	✓	
32		✓		✓	✓	✓	
(3)		✓		✓	✓	✓	
29	34.	F			✓	✓	N
12	35.	F			✓	✓	
13	36.	F			✓	✓	
15	37.	F			✓	✓	
16	38.	F			✓	✓	
14	39.	F			✓	✓	
19	40.	F			✓	✓	
17	41.	F			✓	✓	
30	42.	F			✓	✓	N
31	43.	F			✓	✓	N
18	44.	F			✓	✓	
9	45.	F			✓	✓	N
10	46.	F			✓	✓	N
	47.						
	48.						
	49.						
	50.						

Claim	Date
Final Original	
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If more than 150 claims or 10 actions  
staple additional sheet here

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